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United Nations Population Fund

Country programme document for Mozambique

Proposed indicative UNFPA assistance:	$ 40.1 million: $ 15.4 million from regular resources and $ 24.7 million through co-financing modalities and/or other resources, including regular resources
Programme period:	Four years (2017-2020)
Cycle of assistance:	Ninth
Category per decision 2013/31:	Red

Proposed indicative assistance (in millions of $):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	6.0	8.5	14.5
Outcome 2	Adolescents and youth	2.8	7.2	10.0
Outcome 3	Gender equality and women's empowerment	1.4	3.0	4.4
Outcome 4	Population dynamics	4.0	6.0	10.0
Programme coordination and assistance		1.2	-	1.2
Total		15.4	24.7	40.1

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I. Situation analysis

1. The population of Mozambique is estimated at 26 million (2015), with forecasts that the population will reach 46 million by 2040. The annual population growth rate of 2.7 per cent reflects a high fertility rate of 5.9 and declining mortality levels. Currently, 65 per cent of the population under the age of 25, with 46 per cent below 15 years.

2. Mozambique has experienced impressive economic growth, with a gross domestic product growth rate averaging 7 per cent since 1997, yet it has not brought about significant reductions in poverty and inequalities. The dependency ratio is very high, with 92 dependents for every 100 working people in 2015. Addressing this population dynamic through strategic investments in youth, health, education and empowerment will accelerate economic growth and inclusive development. Turning economic opportunities into a sizable demographic dividend is urgently required in this context.

3. The maternal mortality ratio is still high (408 per 100,000 live births) despite an annual reduction rate of 4.4 per cent since 2005. The average age for a woman to die of maternal-related causes is 27 years, with 20 per cent of these deaths among females below 20 years of age. Approximately 2,000 new cases of obstetric fistula occur annually. Only 13 per cent of women (including adolescent girls) with direct obstetric complications are treated in emergency obstetric care facilities. The 2015 estimates indicate a 24.2 per cent contraceptive prevalence rate for all women and an unmet need of 28.5 per cent for family planning. Health system performance reveals unequitable distribution of skilled human resources, weak capacities for emergency obstetric care and inefficient supply-chain management with frequent stock-outs of reproductive health commodities. The commitment of the Government to allocate budget for family planning commodities has not been realized.

4. Gender and sociocultural norms limit the capabilities of women to make informed decisions on sexual reproductive health, and inhibits their access to family planning and contraceptives. In 2011, a third of Mozambican girls and young women had been victims of physical violence since the age of 15. Mozambique has the tenth highest rate of early marriage in the world, mainly due to sociocultural traditions driving families to marry off their daughters at a very young age. Over 14 per cent of females aged 20-24 were married before the age of 15, and 48 per cent were married before 18 years of age in 2011. Consequently, 40.2 per cent of females were rearing children before they reached 18 years of age. This high rate of early pregnancy is one of the main causes of school dropouts among adolescents.

5. The national HIV prevalence rate is 11.5 per cent, with significant age, sex and geographical variations. It is estimated that 120,000 adolescents were living with HIV in 2011, of whom 80,000 were girls. Girls and young women aged 15-24 are three times more likely to be infected than boys of the same age group. Insufficient implementation of the National Youth Policy, limited access to integrated HIV-prevention services and localized cultural practices, such as initiation rites, continue to expose adolescents to sexually transmitted diseases.

6. Mozambique is ranked third amongst African countries most affected by climate-related hazards due to its geographic location and flat topography. More than 60 per cent of the population lives along the coastline and is therefore highly vulnerable to recurring cyclones and storms. Empowering women and girls to become a crucial force within resilience-building and disaster-management interventions at the community level is critical to reduce the vulnerability of women and girls in humanitarian crisis contexts.

7. Recurrent shortfalls in data management have undermined the quality of recent national investment decisions and the creation of an adequate and up-to-date understanding of a rapidly changing society. The availability of disaggregated data by sex and age has been a challenge due to limited capacity for data generation and in-depth analysis. The 2017 census is therefore extremely important to capture essential

and disaggregated population data, and will also be used to inform the baselines of the national monitoring framework for the Sustainable Development Goals.

II. Past cooperation and lessons learned

8. During the previous country programme (2012-2015), UNFPA supported interventions at national level and in four provinces in the central and northern regions.

9. In sexual and reproductive health, the programme contributed to: (a) an increase in institutional births from 63 per cent in 2011 to 74 per cent in 2015 by implementing community-based demand-creation programmes; (b) adoption of the national and community-based family planning strategies and mainstreaming sexual and reproductive health and rights in the National Health Sector Plan 2014-2019; (c) expansion of the contraceptives methods mix and improved availability of contraceptives at health facilities through procurement of contraceptives; (d) an increase in the number of new users using family planning methods in the four provinces, from 9.65 per cent in 2008 to 32 per cent in 2015; (e) approval of the integrated policy on sexual reproductive health, family planning and HIV prevention and treatment services; and (f) fistula repairs for 1,737 patients.

10. UNFPA supplied dignity and reproductive health kits to 15,000 displaced people and provided gender–based violence and HIV prevention and response services during the 2013 and 2015 floods, and trained community leaders, healthcare providers and 80 gender focal points of all relevant ministries on the Minimum Initial Service Package for reproductive health in emergencies and gender-based violence.

11. In gender equality, the programme contributed to: (a) an increase in the number of ministries that developed integrated sectoral plans with gender dimensions (from 8 to 12); (b) improved capacity of 45 civil society organizations on gender equality and sexual reproductive health and rights for advocacy, and social mobilization for changing social norms; and (c) implementation of integrated services for survivors of gender-based violence through *'ficha única'*, the multisectoral mechanism for follow-up of reported gender-based violence cases.

12. The achievements in the youth and adolescents area, through evidence-based advocacy, peer-to-peer education and technical assistance, include: (a) development and approval of the National Youth Policy; (b) enhanced knowledge on sexual reproductive health and rights of 7,600 girls through 90 safe spaces; (c) endorsement of comprehensive sexuality education curricula at primary and secondary schools; (d) inclusion of sexual reproductive health and rights of adolescents in the national report for the second universal periodic review; and (e) approval of the costed National Strategy to Eliminate and Prevent Early Marriage.

13. In population and development, the programme provided technical assistance to the National Statistics Office to undertake in-depth analyses of the 2007 census and to conduct the 2011 demographic and health survey. The programme also supported the revision of the national population policy, a comprehensive research on harnessing the demographic dividend and the preparatory phase of the 2017 Census.

14. Lessons learned include: (a) allocation of resources for programme interventions should be based on the comparative advantage of UNFPA and the collaborative advantage of the United Nations in Mozambique; (b) participation of young people in policy dialogue with leaders of society is critical for creating an enabling environment for addressing adolescent sexual reproductive health and rights issues; (c) a combination of approaches and interventions are required to address biological, behavioural and societal factors that contribute to vulnerabilities of girls; and (d) strengthening the national statistical system is a cross-cutting programme priority.

III. Proposed programme

15. As part of the United Nations country team initiative 'Delivering Together', the new country programme will contribute directly to eight outputs and corresponding indicators of the United Nations Development Assistance Framework (2017-2020).

16. The programme aims to improve sexual and reproductive health and rights of vulnerable groups; strengthen interventions for empowering youth; and enhance advocacy for social inclusion and equity in national development. Resources will be targeted for interventions at national level and in provinces where key maternal health and social indicators are furthest behind.

A. Outcome 1: Sexual and reproductive health

17. Output 1: Demand for and access to high-quality integrated sexual reproductive and newborn health services is increased. Major interventions will include: (a) scaling up community-based health services and rights-based family planning; (b) rolling out social and behaviour change communication programmes engaging communities to address social norms and cultural practices that limit equitable access to sexual and reproductive health services and rights; (c) training health-care providers for effective planning, delivery and monitoring of high-quality integrated sexual reproductive health services, focusing on family planning, emergency obstetric care, fistula repair, HIV prevention and health-sector response to gender-based violence through multisectoral assistance.

18. Output 2: Health and financing policies, data generation and use, community and midwifery workforce, and commodities security of the health system are strengthened. This will be achieved by: (a) supporting development of a national investment case for reproductive, maternal, newborn, child and adolescent health; (b) modernization of supply-chain management information systems to improve reproductive health commodity security; (c) advocating for national resource allocation for family planning; (d) strengthening the maternal death surveillance and response system; and (e) reinforcing the quality of midwifery training systems in provinces with the lowest ratio of maternal and child health nurses.

19. Output 3: Capacity of communities, the Government and civil society to build resilience is strengthened. Programme interventions will include: (a) strengthening emergency operational capacity of health actors and community-based organizations to provide integrated sexual reproductive health services, including prevention of and response to gender-based violence, in emergency settings; (b) supporting the development of integrated gender-responsive humanitarian contingency plans in vulnerable districts; and (c) promoting and supporting youth initiatives to play an active role in resilience building at community level.

B. Outcome 2: Adolescents and youth

20. Output 1: Adolescent and youths' capacity strengthened to actively participate in economic, social, cultural and political developments. Strategic key programme interventions include: (a) training adolescent girls who are participating in safe spaces in selected provinces; and (b) supporting youth associations for strategic advocacy, policy analysis and social mobilization interventions, and facilitating participation of young people in development processes.

21. Output 2: Increased demand for adequate access to adolescent sexual reproductive health and HIV-prevention services. This will be achieved by: (a) supporting the development of a National Adolescent Health Strategy; (b) promoting evidence-based social and behavioural change communication interventions to address social norm barriers to adolescent sexual and reproductive health and rights; (c) scaling up youth-friendly integrated sexual and reproductive health services nationwide and peer-to-peer education targeting out-of-school adolescents; (d) monitoring implementation of sexual education curricula in primary and secondary schools; and (e) operationalizing a multisectoral coordination mechanism for implementation of the national strategy to prevent and eliminate early marriage.

C. Outcome 3: Gender equality and women's empowerment

22. Output 1: Multisectoral integrated assistance to women and girls affected by gender-based violence enhanced. This will be achieved by: (a) improving services implementing pre- and in-service training programmes of integrated service providers

from the Ministry of Justice, Ministry of Gender, Children and Social Actions, Ministry of Health and Ministry of Internal Affairs for prevention, treatment and rehabilitation of sexual and gender-based violence; (b) improving the coordination mechanisms of government agencies, including local authorities, and civil society on gender equality and gender-based violence response; and (c) providing support toward operationalization of integrated service centres for gender-based violence survivors and implementation of *'ficha única'*.

D. Outcome 4: Population dynamics

23. Output 1: National capabilities to collect, analyse and use high-quality data on poverty, deprivation and inequalities to inform economic policy are strengthened. In partnership with the National Statistics Office and research institutes, the programme will: (a) strengthen capacity of the national statistical system to create a vibrant data ecosystem to undertake data generation, in-depth analysis and utilization of disaggregated data; (b) support the 2017 Population and Housing Census to meet international standards for data integrity; (c) promote evidence-based policy development by producing a set of vulnerability studies and thematic analyses; and (d) support the establishment of a national monitoring framework for the Sustainable Development Goals.

24. Output 2: National capacity to implement evidence-based policies and strategies to harness the demographic dividend reinforced. Major interventions will include: (a) facilitating a series of rights-based policy dialogues on youth and population dynamics; (b) devoting evidence-based advocacy for integration of youth development issues in sector policies, programmes and budgets frameworks; (c) leading public awareness campaigns on population trends and demographic impact on national development; and (d) supporting the development and implementation of a national roadmap for the demographic dividend.

IV. Programme management, monitoring and evaluation

25. UNFPA and the Government of Mozambique, under the overall coordination of the Ministry of Cooperation and International Affairs, will implement, monitor and evaluate the programme, in accordance with UNFPA guidelines and procedures. This country programme document outlines the contribution of UNFPA to national priorities and targets and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountability of managers at country, regional and headquarter levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures and the internal control framework.

26. The implementation modality will be a combination of using the harmonized approach to cash transfers and UNFPA direct execution. The selection of implementing partners will be in accordance with the 2014 Harmonized Approach to Cash Transfer Framework. The country programme may be modified by mutual consent of both the Government and UNFPA, based on the recommendations of annual review meetings, evaluations and assessments.

27. The programme will be delivered through a core team of staff funded from the UNFPA institutional budget, regular and other resources. In addition to partnerships with national stakeholders, UNFPA will rely upon South-South cooperation, seeking technical assistance from other country offices, the regional office and headquarters.

28. UNFPA will update its partnership plan and resource mobilization strategy in compliance with UNFPA global and regional resource mobilization strategies, for engagement with government institutions, civil society, donor entities and the private sector. In this regard, "United Nations Delivering Together" will be harnessed through joint programming and joint programmes. Additional efforts will be deployed to strengthen alliances and leverage resources towards realizing universal access to sexual and reproductive health and rights.

RESULTS AND RESOURCES FRAMEWORK FOR MOZAMBIQUE (2017-2020)

National priorities: Develop human and social capital; Ensure sustainable and transparent management of natural resources and the environment; Empowerment of women and promoting gender equality

UNDAF Outcomes: People have equitable access and use quality health, water and sanitation services; All people benefit from democratic and transparent governance institutions and systems that guarantee peace consolidation, human rights and equitable service delivery; Communities are more resilient to the impact of climate change and disasters

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
Outcome 1: Sexual and reproductive health Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access Outcome indicators: • Modern contraceptive prevalence rate *Baseline*: 11.3; *Target*: 34 • Unmet need for family planning *Baseline*: 28,5; *Target*: 18 • Institutional delivery coverage *Baseline*: 74; *Target*: 80 • Percentage of national financing of family planning commodities budget *Baseline:* 0; *Target*: 15	Output 1: Demand for high-quality integrated sexual reproductive and newborn health services is increased	• Percentage of health facilities in four selected provinces with the capacity to provide basic emergency obstetric care services. *Baseline*: 21; *Target*: 80 • Number of obstetric fistula repairs supported by UNFPA *Baseline*: 1,737; *Target*: 3,200 • Percentage of new users in modern contraceptive methods in selected provinces. *Baseline*: 34; *Target*: 44 • Percentage of pregnant women being tested for HIV during antenatal care in selected provinces *Baseline*: 90; *Target*: 94	Ministries of: Health; Gender, Children and Social Action; Justice; Internal Affairs; Parliament; Provincial Directorate of Health; National Institute of Disaster Management; National Statistics Institution; United Nations agencies, non-governmental organizations; the media	$14.5 million ($6 million from regular resources and $8.5 million from other resources)
	Output 2: Health and financing policies, data generation and use, community and midwifery workforce, and commodities security of the health system are strengthened	• Percentage of health facilities with no stock-out of contraceptives at any given time *Baseline*: 23; *Target*: 60 • Percentage of institutional maternal deaths with causes reported. *Baseline*: 5; *Target:* 80		
	Output 3: Capacity of communities, government, and civil society to build resilience is strengthened	• Number of districts with gender-sensitive contingency plans in place *Baseline*: 0; *Target*: 20		
National Priorities: Preventing and eliminating early marriage. Increasing awareness about sexual and reproductive health and combating HIV/AIDS. Empowerment of women and promoting gender equality **UNDAF Outcomes:** Children, youth and adults benefit from an inclusive end equitable quality education system; Disadvantaged women and girls benefit from comprehensive policies, norms and practices that guarantee their human rights; Adolescents and youth actively engaged in decisions that affect their lives, health, well-being and development opportunities				
Outcome 2: Adolescents and youth Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health Outcome indicators: • Law and policy that allow	Output 1: Adolescent and youths' capacity strengthened to actively participate in economic, social, cultural and political development	• Number of adolescents and youth organizations actively engaged on premature marriage and sexual abuse prevention at national level. *Baseline*: 4; *Target*: 20 • Implementation rate of the first Action Plan of United Nations Inter-Agency Network for Youth Development. *Baseline*: 0; *Target*: 75 • Implementation rate of the annual Action Plans for the Universal Periodic Review recommendations on adolescent and reproductive health issues.	Ministries of Youth and Sports; Gender, Children and Social Action; Education; Health; National AIDS Council; non-governmental organizations;	$10 million ($2.8 million from regular resources and $7.2 million from other resources)

adolescents access to sexual and reproductive health services in place *Baseline*: No; *Target*: Yes • Percentage of women aged 20-24 married or in union before age 18 *Baseline*: 48; *Target:*40		*Baseline:* 0, *Target:* 50	United Nations agencies; the media	
	Output 2: Increased demand for access to quality adolescent sexual and reproductive health and HIV-prevention services.	• Percentage of young people aged 15-24 who have comprehensive knowledge about sexual and reproductive health and HIV-AIDS prevention. *Baseline:* 70; *Target:* 85		
Outcome 3: Gender equality and women's empowerment Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth Outcome indicators: • Percentage of women aged 15-49 who think that a husband/partner is justified in hitting/beating his wife/partner under certain circumstances *Baseline:* 38.7% rural and 30.7% urban; *Target*: 35% rural and 27% urban	Output 1: Multisectoral integrated assistance to women and girls affected by gender-based violence enhanced	• Number of Integrated Assistance Centres with all four functions operational. *Baseline*: 2; *Target*: 7 • Percentage of reported cases of gender-based violence that are followed up through the multisectoral mechanism *'ficha única'* *Baseline:* 10; *Target*: 70	Ministries of Gender, Children and Social Action; Economy and Finance; Justice; Health; Internal Affairs; Parliament; National Statistics Institution; United Nations agencies	$4.4 million ($1.4 million from regular resources and $3 million from other resources)
National Priority: Promote employment, productivity and competitiveness **UNDAF Outcomes:** Poor people benefit equitably from sustainable economic transformation; Disadvantaged women and girls benefit from comprehensive policies, norms and practices that guarantee their human rights; Young people and adolescents are actively engaged in decisions that affect their lives, health, well-being and opportunities for development				
Outcome 4: Population dynamics Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality Outcome indicator(s): • 2017 Population and Housing Census data collected, processed and analysed, results published and disseminated *Baseline:* No; *Target:* Yes • Number of national development plans and sector policies incorporating population dynamics *Baseline*: 2; *Target*: 6	Output 1: National capabilities to collect, analyse and use high-quality data on poverty, deprivation and inequalities to inform economic policy is strengthened	• Number of gender-sensitive social and economic plans at national ministry level available *Baseline:* 15; *Target*: 21 • 90 per cent of nationally selected SDG indicators are regularly updated. *Baseline*: No; *Target*: Yes • Number of thematic analyses that reflect key population dynamics for policy development *Baseline*: 1; *Target*: 3	National Statistics Institute; Ministries of: Economy and Finances; Gender, Children and Social Action; Youth and Sports; Health; Education and Human Development; United Nations agencies	$10 million ($4 million from regular resources and $6 million from other resources)
	Output 2: National capacity to implement evidence-based policies and strategies to harness the demographic dividend reinforced	• Implementation rate of the National Demographic Dividend Roadmap *Baseline:* 0 ; *Target*: 70		Total for programme coordination and assistance: $1.2 million from regular resources